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PTO/SB/22 (09-06)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.138(a) FHW-142U\$ **FY 2008** (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) June 23, 2005 Filed 10/640,618-Canf. #9016 **Application Number OPTICAL COUPLER** For R. A. Lepisto Examiner 2883 Art Unit This is a request under the provisions of 37 CFR 1.138(a) to extend the period for filing a reply in the above Identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee \$60 \$120 One month (37 CFR 1.17(a)(1)) 225.00 \$225 \$450 Two months (37 CFR 1.17(a)(2)) 3510 \$1020 Three months (37 CFR 1.17(a)(3)) \$795 \$1590 Four months (37 CFR 1.17(a)(4)) \$1080 52160 Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to \_ . I have enclosed a duplicate copy of this sheet. 12-0080 Deposit Account Number I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. Registration number if acting upder 37 CFR 1.34 December 5, 2008 Date Signatura (617) 227-7400 Anthony A (urentano Telephone Number Typed or punted name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algorithme is required, see below. forms are submitted. Total of

hereby certify that this paper (along with any paper reterred to a	s being attached	or enclosed) is being tra	nsmitted by facsimile to the Petent an
fredemark Office, facelmile no. (571) 279-8300 at Commissional	for Palents, P.O.	Box 1450, Alexandria. \	(A 22313-1450, on the date shown
ASCINITION OFFICE INCOME.	-IR /	1	

Dated: December 5, 2008

Ignature:

(Anthony A. Laurentano)

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PTO/8B/17 (07-06)

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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless R displays a valid OMB compol number. Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4916). 10/540,618-Conf. #9016 Application Number June 23, 2005 EE TRANSMITTAL Filing Date Graham REED First Named Inventor For FY 2006 R. A. Lepisto Examiner Name 2883 Applicant claims small antity status. See 37 CFR 1.27 Art Unit **FHW-142US** Attorney Docket No. TOTAL AMOUNT OF PAYMENT METHOD OF PAYMENT (check all that apply) Other (please identify): None Money Order Credit Card Check Lahive & Cockfield, LLP Deposit Account Number: 12-0080 Deposit Account Name x Deposit Account For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) Indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** FILING FEES SEARCH FEES Small Entity Small Entity Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (3) Application Type Fee (\$) 100 250 200 500 300 150 Utility 130 65 50 100 100 200 Design 80 160 300 150 100 200 Plant 300 600 500 250 150 300 Reissuc 100 200 Provisional Small Entity 2. EXCESS CLAIM FEES Fee (5) Fee (5) Fee Description 25 50 Each claim over 20 (including Reissues) 100 200 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims Multiple Dependent Cisims Fee Paid (\$) Total Claims Extra Claims Fee Paid (8) Fee (5) HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) indep, Claims Extra Claims HP = highest number of independent claims pold for, if greater than 3. 3, APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). Fee Paid (\$) Number of each additional 50 or fraction tharsof Fee (\$) Extra Sheets Total Sheets (round up to a whole number) x Fees Paid (3) 4. OTHER FEE(8) Non-English Specification, \$130 fee (no small entity discount) 225.00 Other (e.g., late filing surcharge): 2252 Extension for response within second month SUBMITTED BY Registration No. (617) 227-7400 Telephone 38.220 Attorney/Agent) Signature December 5, 2006 Date Anthony A. Lawner tano Name (Print/Type) I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (671) 273-8300 at Commission of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. (Anthony A. Leurentano) Dated: December 5, 2006 Signature: